

**AUTHORIZATION TO OPERATE MOTOR VEHICLES USED FOR  
PUBLIC PASSENGER TRANSPORTATION WITHOUT FEE  
B-53 REV. 5-2001**

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
On The Web At <http://dmvct.org>



<b>APPLICANT'S NAME</b> <i>(Please print)</i>	<b>DATE OF BIRTH</b>
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<b>APPLICANT'S ADDRESS</b>
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<b>OPERATOR'S LICENSE NUMBER</b>	<b>CLASS</b>	<b>ENDORSEMENT(S)</b>	<b>RESTRICTION(S)</b>
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I declare under penalty of false statement that the above applicant is required to operate motor vehicles used for public passenger transportation in connection with his/her duties as an employee of the agency stated below.

<b>NAME OF GOVERNMENT AGENCY</b>	<b>AUTHORIZED AGENT'S NAME</b> <i>(Please print)</i>
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<b>AUTHORIZED SIGNATURE</b>  <b>X</b>	<b>DATE SIGNED</b>
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